

**From:** [Hogle, Paul](#)  
**To:** [Guilfoyle, Patricia L.](#)  
**Cc:** [public.records](#); [Kirby, Emily](#)  
**Subject:** Re: Your Public Records Request, #2019043002  
**Date:** Tuesday, April 30, 2019 3:20:33 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.gif](#)  
[image004.gif](#)  
[image005.gif](#)  
[image006.gif](#)

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Good afternoon, Ms Guilfoyle,

Thank you for your public records request. This email is to acknowledge the North Carolina Department of Health and Human Services has received your request for:

...a copy of the 2019 license renewal certificates on file for the following from DHSR:

- Family Reproductive Health, Inc., 700 E. Hebron St., Charlotte, NC. Facility ID: 953167. Certificate number: AB0026
- Carolina Women's Clinic, Inc., 421 N. Wendover Road, Charlotte, NC. Facility ID: 943067. Certificate number: AB0004
- A Preferred Women's Health Center, LLC, 3320 Latrobe Dr., Charlotte, NC. Facility ID: 990459. Certificate number: AB0055

Also, I would like to know the application status, or obtain a copy of the approved license, for Planned Parenthood South Atlantic's new abortion facility to be located at 700 S. Torrence St., Charlotte, NC.

We are in the process of identifying what public records are responsive to your request, the location of those records, and assessing the resources necessary to complete your request.

The North Carolina Department of Health and Human Services is pleased to provide requestors an opportunity to inspect and make their own copies of public records free-of-charge. In the unlikely event staff estimate there could be a cost to you associated with providing records as you have requested them, we will contact you to discuss other options before assessing any charge. For your added convenience and to avoid the costs associated with producing physical duplicates, we are happy to provide you electronic copies of records when practical.

Your request identification number is **2019043002**. In order to serve you more quickly, please refer to this number when inquiring about the status of your request.

I am copying my colleague Emily Kirby as well as our public records service account ([public.records@dhhs.nc.gov](mailto:public.records@dhhs.nc.gov)) on this email in the event you need immediate help and I am unavailable. Otherwise, please consider me your primary contact for this request. My direct contact information is below.

The North Carolina Department of Health and Human Services is committed to responding to your request as promptly as possible. In the meantime, I encourage you to contact me if you have any questions, concerns, wish to amend your request, or I can otherwise be of service.

Thank you again for your public records request to the North Carolina Department of Health and Human Services.

Warmest regards,

**Paul Hogle**

Public Records Compliance Attorney

Office of General Counsel

[NC Department of Health and Human Services](#)

Office: 919-855-4838  
Fax: 919-733-3854  
[paul.hogle@dhhs.nc.gov](mailto:paul.hogle@dhhs.nc.gov)  
101 Blair Drive, Adams Building  
2001 Mail Service Center  
Raleigh, NC 27699-2001  
[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

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**From:** Guilfoyle, Patricia L. <[plguilfoyle@CharlotteDiocese.org](mailto:plguilfoyle@CharlotteDiocese.org)>

**Sent:** Tuesday, April 30, 2019 2:03 PM

**To:** DHHS-News <[news@dhhs.nc.gov](mailto:news@dhhs.nc.gov)>

**Subject:** [External] Records request

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [report.spam@nc.gov](mailto:report.spam@nc.gov)

Greetings! I would like a copy of the 2019 license renewal certificates on file for the following from DHSR:

- Family Reproductive Health, Inc., 700 E. Hebron St., Charlotte, NC. Facility ID: 953167.  
Certificate number: AB0026
- Carolina Women's Clinic, Inc., 421 N. Wendover Road, Charlotte, NC. Facility ID: 943067.  
Certificate number: AB0004
- A Preferred Women's Health Center, LLC, 3320 Latrobe Dr., Charlotte, NC. Facility ID: 990459.  
Certificate number: AB0055

Also, I would like to know the application status, or obtain a copy of the approved license, for Planned Parenthood South Atlantic's new abortion facility to be located at 700 S. Torrence St., Charlotte, NC.

If you need more information to complete this request, or if there is a charge for fulfilling the request, please contact me. Thank you for your assistance,

Patricia

**Patricia L. Guilfoyle**

Editor

704-370-3334 (office) | 803-322-2169 (cell)


<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2019 this certificate is issued to*

*A Woman's Choice of Charlotte, Inc.*

*to operate an abortion clinic known as*

*A Woman's Choice of Charlotte, Inc.*

*located at 421 N. Wendover Road*

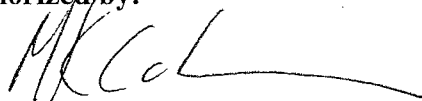
*Charlotte, North Carolina.*

*This certificate is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2019.*

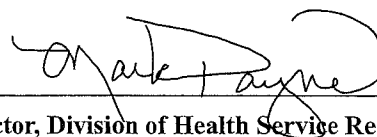
*Facility ID: 943067*

*Certificate Number: AB0004*

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation

REC'D DEC 07 2018

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-3073

**For Official Use Only**

Certificate # AB0004

Computer: 943067

PC flyc Date 12/14/2018

**Total Certificate Fee. . . . \$700.00**

**2019  
ABORTION CLINIC  
CERTIFICATE RENEWAL APPLICATION**

Legal Identity of Applicant: A Woman's Choice of Charlotte, Inc.

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As

*(d/b/a name(s) under which the facility or services are advertised or presented to the public:*

PRIMARY: A Woman's Choice of Charlotte, Inc.

Other: A Woman's Choice of Charlotte, Inc.

Other: \_\_\_\_\_

Facility Mailing Address: 4131 University Blvd S #2  
Jacksonville, FL 32216

Facility Site Address: 421 N. Wendover Road  
Charlotte, NC 28211

County: Mecklenburg

Telephone: (704)367-2255

Fax: (704)367-1499

Application Rec'd Date 12-7-18

Fee Paid-Ck # 1693

Amount \$700

Initials @

DHSR Acute and Home Care L&C

**Administrator/Director:** Crystal Mosley **Title:** Director of Operations

(Designated agent (individual) responsible to the governing body (owner) for the management of the certified clinic)

**Chief Executive Officer:** Kelly M. Flynn

**Title:** President/CEO

Name of the person to contact for any questions regarding this form:

**Name:** Crystal Valentine Mosley **Telephone:** 904448-8877

**E-Mail:** crvalentinemosley@awomanschoiceinc.com

**Ownership Disclosure** (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: A Woman's Choice of Charlotte, Inc.

Street/Box: 4131 University Blvd S #2

City: Jacksonville State: FL Zip: 32216

Telephone: (704)367-2255 Fax: ( )

CEO: Kelly Flynn, President/CEO

a. Legal entity is:      For Profit   X   For Profit

b. Legal entity is   X   Corporation      Limited Liability Corporation      Partnership

     Proprietorship      Limited Liability Partnership      Government Unit

c. CLIA Certificate Number: 3400244179

d. CLIA Certification Expires 11 / 28 / 2020 *pkc*  
Month/Day/Year

e. Please provide your National Provider Identifier (NPI)  
For questions regarding NPI, contact 1-800-465-3203 (NPI Toll-Free)  
or visit the website <http://www.ncdhhs.gov/dma/NPI/index.htm>

National Provider Identifier (NPI):  
\_\_\_\_\_

2. Is the business operated under a management contract?      Yes   X   No

If "Yes", name and address of the management company.

Name: \_\_\_\_\_

Street/Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

All responses on this page pertain to the period July 1, 2017 through June 30, 2018. If otherwise, indicate the reporting period used: \_\_\_\_\_

**Procedures:** Do you perform Surgical Abortion Procedures? YES  
Number of procedures performed during the reporting period: 1161 ✓

Do you perform Medical Abortion Procedures? YES  
Number of procedures performed during the reporting period: 571

1732

The number of procedures reported above should equal the numbers reported to the State Center for Health Statistics

**Transferred:** Number of patients transferred to a hospital from the clinic during the reporting period: 2

**Transportation:** Describe arrangements for transportation of patients in case of a medical emergency:

In the event of an emergency, patients will be transported via ambulance to ~~transurant~~ Hospital. Physician from WCGI will notify on call OB/GYN/MD.

Does the clinic have a formal arrangement with an OB/GYN Board Certified or Board Eligible physician that handles complications arising after hours or when physician is not on-site in the clinic? ☐ Yes ☒ No

Is a registered nurse with experience in post-operative or post-partum care who is currently licensed in NC on duty in the clinic at all times when patients are in the facility? ☒ Yes ☐ No

**Discharge Instructions:**

What instructions are provided to patients who may require emergency assistance after hours?

patients are provided with post op instructions on excessive bleeding and other urgent symptoms that may require medical care. Patients are provided with an after hours phone number to speak to the on call RN. RN will evaluate symptoms and advise patient after she consults with MD.

**Sanitation:**

What arrangements have been made for the disposal of pathological waste, products of conception, and sharps? (If service is contracted, give name and address of enterprise).

78436  
Medical Waste Services PO Box ~~78434~~ Charlotte NC 28271  
em

**Services:**

What clinical services do you provide?

Family Planning, papsmears, STI screening

**Hours:**

Indicate the hours that the clinic is regularly open for business each day:

[ Example: 9 am - 5 pm . Use "O" if not open ]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30A-5P	8:30A-5P	8:30A-5P	8:30A-5P	8A-4P	8A-12P

Indicate hours that abortions are performed:

[ Example: 11 am - 3 pm . Use "O" if not open ]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9A-1P	9A-1P	9A-1P	9A-1P	9A-1P	9A-12P

**Nursing:**

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
<b>Number:</b>	2	0	4

One Week Staffing Pattern Worksheet

Dates From Tuesday To Monday

List FTEs for all direct care nursing staff actually on duty for the dates entered above.

Average cases per day: 5

	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Shift	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A
Day				1	0	4	1	0	4	1	0	4	1	0	4	1	0	4	1	0	4
Evening				1	0	4	1	0	4	1	0	4	1	0	4	1	0	4	1	0	4
# of patients seen																					

\* R = RN  
 L = LPN  
 A = Aides

This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2019 certificate for your clinic to perform abortions.

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the above named facility in accordance with the NC Criminal Statutes 14-45.1 and rules governing the certification of clinics, 10A NCAC 14E adopted by the Medical Care Commission, and certifies the accuracy of this information.

Signature:  Date: 11-28-18

**PRINT NAME & TITLE OF APPROVING OFFICIAL:**

Crystal Valentine Mosley Ex-Director

**Please be advised,** the certificate fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a certificate to perform abortions.



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2019 this certificate is issued to*

***A Preferred Women's Health Center, LLC***

*to operate an abortion clinic known as*

***A Preferred Women's Health Center***

*located at 3320 Latrobe Drive*

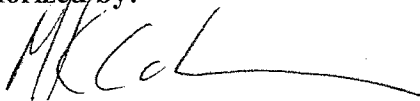
*Charlotte, North Carolina.*

*This certificate is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2019.*

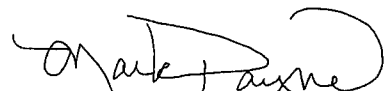
*Facility ID: 990459*

***Certificate Number: AB0055***

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation

REC'D NOV 27 2013

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-3073

**For Official Use Only**

Certificate # AB0055

Computer: 990459

PC \_\_\_\_\_ Date \_\_\_\_\_

**Total Certificate Fee. .... \$700.00**

**2019  
ABORTION CLINIC  
CERTIFICATE RENEWAL APPLICATION**

Legal Identity of Applicant: **A Preferred Women's Health Center, LLC**

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As

*(d/b/a) name(s) under which the facility or services are advertised or presented to the public:*

PRIMARY: **A Preferred Women's Health Center**

Other: **A Preferred Health Center**

Other: **APWHC, LLC**

Facility Mailing Address: **P. O. Box 38470**

**Charlotte, NC 28278**

Facility Site Address: **3320 Latrobe Drive**

**Charlotte, NC 28211**

County: **Mecklenburg**

Telephone: **(704)362-2073**

Fax: **(877)325-3450**

**Administrator/Director:** **Lois E Turner Schnider** **Title:** **Administrator**

(Designated agent (individual) responsible to the governing body (owner) for the management of the certified clinic)

**Chief Executive Officer:** **LOIS E TURNER SCHNIDER**

**Title:** **CHIEF ADMINISTRATOR/CEO**

Name of the person to contact for any questions regarding this form:

**Name:** **CHARLES HALES** **Telephone:** **(919) 619-2770**

**E-Mail:** **CHALES@APWHC.COM**

**Application Rec'd Date** **11/27/2013**

**Fee Paid-Ck #** **16767**

**Amount** **\$ 700.00**

**Initials** **PHC**

**DHSR Acute and Home Care L&C**

**Ownership Disclosure** (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: A Preferred Women's Health Center LLC

Street/Box: PO Box 38470

City: Charlotte State: NC Zip: 28278 ✓

Telephone: (919) 280-2280 Fax: (877) 325-3450

CEO: Lois E. Turner, Administrator

a. Legal entity is: ☐ For Profit ☒ For Profit

b. Legal entity is ☐ Corporation ☒ Limited Liability Corporation ☐ Partnership

☐ Proprietorship ☐ Limited Liability Partnership ☐ Government Unit

c. CLIA Certificate Number:

34D1014173

d. CLIA Certification Expires

12 / 8 / 2019  
Month/Day/Year

e. Please provide your National Provider Identifier (NPI)  
For questions regarding NPI, contact 1-800-465-3203 (NPI Toll-Free)  
or visit the website <http://www.ncdhhs.gov/dma/NPI/index.htm>

National Provider Identifier (NPI):

1255587903

2. Is the business operated under a management contract? ☐ Yes ☒ No

If "Yes", name and address of the management company.

Name: \_\_\_\_\_

Street/Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

All responses on this page pertain to the period July 1, 2017 through June 30, 2018. If otherwise, indicate the reporting period used: \_\_\_\_\_

**Procedures:** Do you perform Surgical Abortion Procedures? YES  
Number of procedures performed during the reporting period: 4167

Do you perform Medical Abortion Procedures? YES  
Number of procedures performed during the reporting period: 2739

**The number of procedures reported above should equal the numbers reported to the State Center for Health Statistics**

**Transferred:** Number of patients transferred to a hospital from the clinic during the reporting period: 1

**Transportation:** Describe arrangements for transportation of patients in case of a medical emergency:

MECKLENBURG COUNTY EMS IS CALLED FOR TRANSPORT.

Does the clinic have a formal arrangement with an OB/GYN Board Certified or Board Eligible physician that handles complications arising after hours or when physician is not on-site in the clinic? ☒ Yes ☐ No

Is a registered nurse with experience in post-operative or post-partum care who is currently licensed in NC on duty in the clinic at all times when patients are in the facility? ☒ Yes ☐ No

**Discharge Instructions:**

What instructions are provided to patients who may require emergency assistance after hours?

SEE EXHIBITS A & B (ATTACHED)

**Sanitation:**

What arrangements have been made for the disposal of pathological waste, products of conception, and sharps? (If service is contracted, give name and address of enterprise).

STERICYCLE INC, 1168 FORGER AVE, HAW RIVER, NC, 27258

**Services:**

What clinical services do you provide?

PREGNANCY TERMINATIONS

### Hours:

Indicate the hours that the clinic is regularly open for business each day:  
 [ Example: 9 am - 5 pm . Use "O" if not open ]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am-5pm	9am-4pm	9am-4pm	9am-4pm	9am-5pm	7am-4pm

Indicate hours that abortions are performed:  
 [ Example: 11 am - 3 pm . Use "O" if not open ]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11am-4pm	11am-3pm	11am-3pm	11am-3pm	11am-4pm	9am-3pm

### Nursing:

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	1.5	0	9

One Week Staffing Pattern Worksheet

Dates From 4/23/18 To 4/28/18

List FTEs for all direct care nursing staff actually on duty for the dates entered above.

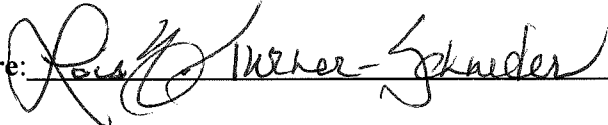
Average cases per day: 23

	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Shift	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A
Day	/	/	/	2	0	8	1	0	8	1	0	6	1	0	7	2	0	8	2	0	9
Evening	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
# of patients seen	0			20			20			14			15			32			37		

\* R = RN  
 L = LPN  
 A = Aides

This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2019 certificate for your clinic to perform abortions.

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the above named facility in accordance with the NC Criminal Statutes 14-45.1 and rules governing the certification of clinics, 10A NCAC 14E adopted by the Medical Care Commission, and certifies the accuracy of this information.

Signature:  Date: 11/26/18

**PRINT NAME & TITLE OF APPROVING OFFICIAL:**

LOIS E TURNER-SCHNIDDER, CHIEF ADMINISTRATOR / CEO

**Please be advised,** the certificate fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a certificate to perform abortions.



Exhibit A

## Medical Abortion Aftercare Instructions v.09.2018

Please read the following instructions carefully and discuss any questions or concerns you may have with a counselor or nurse before you leave our clinic today. You may also contact us at any time to obtain further information during business hours at 888-562-7415. If you have an urgent concern or problem, you may contact us through the **after-hours emergency pager at (704) 650-0464**. When you hear the beep, enter the 10-digit phone number where we can reach you so that we can call you back. We will call you back as soon as we get the message, usually within 15 minutes.

### Take Home Medication

Today, you will be given a packet of medication to take home with you. This medication is called Misoprostol (it may also be referred to as Cytotec). Its purpose is to eliminate the existing pregnancy and allow the body to naturally "shed" the uterine lining like a menstrual period. Unless otherwise directed by the physician, we advise that you self-administer the Misoprostol buccally by placing the medication between your cheek and gum, and allowing it to dissolve. Before taking your Misoprostol, we recommend eating a light snack and remaining hydrated to decrease the possibility of nausea, vomiting, and dizziness.

You should expect to experience heavy bleeding and cramping after administering the Misoprostol. Your physician may write you a prescription for pain medication in order to help manage your discomfort. If so, we suggest having this prescription filled after you leave our clinic today. Avoid products containing aspirin while completing the medical abortion, as this may increase your bleeding.

After today, **do not insert anything into the vagina** until after your follow-up visit to aid in preventing infection. This includes tampons, douches, and sexual penetration. In addition, tub baths, jacuzzis, and swimming of any kind should be avoided to prevent possible infection. Please note that the medications taken today do not protect you against future pregnancies, and any future unprotected sexual intercourse may result in a new pregnancy.

**Cytotec is to be taken tomorrow, 24 hours after taking mifepristone in the office.**

**Tomorrow's date will be \_\_\_\_\_.**

Call our office or contact the after-hours emergency pager immediately if you begin to experience excessive bleeding (soaking four or more sanitary pads within two hours) or high fever (100.4 F or higher).

### Follow Up Visit

Listed below are two dates that you may choose to return for your follow-up visit. It is imperative that you return for your follow-up to ensure your treatment and progress are optimal. During the follow-up visit, we will take a urine sample, check your vitals, and perform a vaginal ultrasound to ensure that all tissue has passed from the uterus. If tissue is still present, additional care may be required. This may include the administration of another dose of Misoprostol, or undergoing a surgical procedure to remove remaining tissue (a surgical procedure is a two-five minute procedure; the physician will perform a pelvic exam and place a speculum to view the cervix, much like a standard Pap smear. The physician will inject numbing medication into the cervix. Once the cervix is opened to an appropriate degree, the remaining tissue is safely removed via gentle suction).

Please note that there is no extra charge for your follow up. If you are unable to return at either of these times, please contact our office to reschedule. You will have the option of receiving birth control at your follow-up.

**Your follow-up appointment is in two weeks on Date \_\_\_\_\_ at Time \_\_\_\_\_.**

Exhibit B

## APWHC POST-ABORTION AFTERCARE INSTRUCTIONS (v.08.2018)

Please read these instructions carefully, and discuss any questions or concerns you may have with a counselor or nurse before you leave today. You may also contact us at any time to obtain further information during normal business hours. Our call center can be reached at **(888) 562-7415**. If you have an urgent problem, you can contact us using our emergency after-hours pager at **(704) 650-0464**. When you hear the beep, enter a phone number (with your area code) where you can be reached. We will call you as soon as we get the message, usually within 15 minutes.

**1) Medications (Not all patients will receive these prescriptions):** The doctor may prescribe a pain medication or additional antibiotic to take home. If so, please take only as directed. If you did not receive a pain prescription, you may also take Motrin, Advil, Aleve, or Tylenol for cramping. **DO NOT TAKE ASPIRIN! \*\*Not all doctors will prescribe the same medications. If you only received a Birth Control sample and prescription, the doctor has determined that is ALL you need\*\***

**2) Activity:** Return to normal activity as tolerated.

**3) To prevent infection:** Your cervix, the opening to the uterus, will be slightly dilated for the next several days, therefore **PLEASE DO NOT PUT ANYTHING INTO THE VAGINA** for two weeks or until you return to follow-up. This means no tampons, douches, suppositories, or sexual intercourse. Also avoid swimming, hot tubs, and baths - showers are fine.

**4) Temperature:** If you have a fever of over 100.4 degrees Fahrenheit, call the office immediately.

**5) Bleeding:** You may or may not bleed after your procedure today. Usually, bleeding will start within 72 hours, and may last from a few days up to three (3) weeks. Generally, it is good to keep pads on hand for the first two weeks after your procedure. Every woman's body is different, and will adjust in its own time; what is normal will vary with each person. Bleeding may start and stop. You may pass clots, or bits of white tissue, and it is usually accompanied by cramping. If you find that you are soaking more than two pads an hour with bright red blood, call us immediately or go to the nearest emergency room.

**6) Cramping:** You may experience moderate to strong menstrual-like cramping in the days following your procedure. Ibuprofen or Tylenol may help control this, but remember to **AVOID ASPIRIN**. If you are having severe or prolonged pain, please feel free to call us.

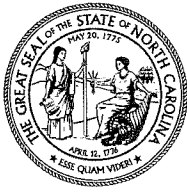
**7) Next menstrual period:** You can expect your next menstrual period in 4-6 weeks. **YOU CAN BECOME PREGNANT BETWEEN NOW AND THEN IF YOU HAVE UNPROTECTED INTERCOURSE.** If you have elected to use birth control pills, you may get your period as soon as three (3) weeks from your procedure. You can still become pregnant during your first pack of pills, and should use a back-up method of birth control, such as condoms, during those first few weeks.

**8) Follow-up examination:** You must have a follow-up examination within three weeks of your procedure. This visit is free if you choose to return to our facility. You also may schedule your appointment with your own physician if that is more convenient, but be sure to get a check-up by the dates provided to you at the front office.

**9) Emergencies:** If you have **EXCESSIVE BLEEDING, SEVERE ABDOMINAL PAIN, OR A HIGH FEVER, PLEASE CALL US IMMEDIATELY.** If you are unable to reach us, please go to the nearest emergency room or call 9-1-1. Be sure to tell the doctor, or other appropriate person, that you recently had a surgical abortion.

**EMERGENCY AFTER-HOURS PAGER (704) 650-0464**





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

TO: **A Preferred Women's Health Center – Charlotte**

FROM: Azzie Y. Conley, RN, Section Chief

SUBJECT: **2019 Abortion Clinic Certificate Renewal Application**

**PLEASE READ CAREFULLY**

Enclosed is your 2019 Certificate Renewal Application. Please complete this application and return the original no later than December 5, 2018 to the address below.

**Mailing Address**

Acute and Home Care  
Licensure and Certification Section  
1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, NC 27699-2712

**Overnight Address (UPS and FedEx Only)**

Acute and Home Care  
Licensure and Certification Section  
1205 Umstead Drive  
Raleigh, NC 27603

Data on file with the Division indicates that your facility/entity is a **Clinic Certified for the Performance of Abortions.** Your annual certificate fee, as authorized by § 131E-269 is **\$700.00.** This amount is comprised of a base fee of **\$700.00** -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each certified entity.

Your completed certificate renewal application **and the certificate renewal fee must be received by December 5, 2018** to ensure your certificate is renewed with an effective date of January 1, 2019. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

The **pre-printed** information on pages 1-2 is based on your last certificate renewal application or the most recent information that has been reported to this office. If any of this **preprinted** information has changed, **mark through the incorrect information with a RED pen and write in the correct information.** Prior to amending the D/B/A or legal entity, please contact this office for further instructions. Please review the "**ownership disclosure**" section carefully to verify its accuracy. Complete all areas of this application and return by the date specified above, along with the **annual certificate fee.** **PLEASE, DO NOT RETYPE THE APPLICATION,** and be sure to retain a second copy of the application for your records.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION

LOCATION: 1205 Umstead Drive, Lineberger Building, Raleigh, NC 27603

MAILING ADDRESS: 1205 Umstead Drive, 2712 Mail Service Center, Raleigh, NC 27699-2712

www.ncdhhs.gov/dhsr • TEL: 919-855-4620 • FAX: 919-715-3073

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2019 this certificate is issued to*

***Family Reproductive Health, Inc.***

*to operate an abortion clinic known as*

***Family Reproductive Health, Inc.***

*located at 700 E. Hebron Street*

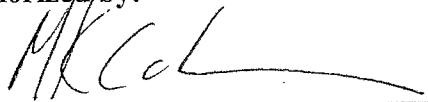
*Charlotte, North Carolina.*

*This certificate is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2019.*

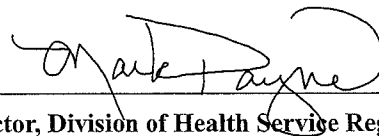
*Facility ID: 953167*

***Certificate Number: AB0026***

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-3073

REC'D DEC 05 2018  
**For Official Use Only**  
Certificate # AB0026  
Computer: 953167  
PC \_\_\_\_\_ Date \_\_\_\_\_

**Total Certificate Fee. .... \$700.00**

**2019**  
**ABORTION CLINIC**  
**CERTIFICATE RENEWAL APPLICATION**

Legal Identity of Applicant: Family Reproductive Health, Inc.  
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As  
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Family Reproductive Health, Inc.

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Facility Mailing Address: 700 E. Hebron Street  
Charlotte, NC 28273

Facility Site Address: 700 E. Hebron Street  
Charlotte, NC 28273  
County: Mecklenburg  
Telephone: (704)551-0808  
Fax: (704)551-0738

Application Rec'd Date 12/6/2018  
Fee Paid-Ck # 020886  
Amount \$700.00  
Initials AYC  
DHSR Acute and Home Care L&C

**Administrator/Director:** Deborah J Walsh **Title:** Executive Director  
(Designated agent (individual) responsible to the governing body (owner) for the management of the certified clinic)

**Chief Executive Officer:** Deborah J. Walsh  
**Title:** President / CEO

Name of the person to contact for any questions regarding this form:

**Name:** Deborah Walsh **Telephone:** 704-551-0808

**E-Mail:** familyreproductive@gmail.com

**Ownership Disclosure** (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Family Reproductive Health Inc

Street/Box: 700 E. Hebron Street

City: Charlotte State: NC Zip: 28273

Telephone: (704)551-0808 Fax: (704)551-0738

CEO: Deborah J. Walsh

- a. Legal entity is: ☐ For Profit ☒ For Profit  
b. Legal entity is ☒ Corporation ☐ Limited Liability Corporation ☐ Partnership  
☐ Proprietorship ☐ Limited Liability Partnership ☐ Government Unit

c. CLIA Certificate Number:

34 D 1011716

d. CLIA Certification Expires

05/24/2016  
Month/Day/Year

e. Please provide your National Provider Identifier (NPI)  
For questions regarding NPI, contact 1-800-465-3203 (NPI Toll-Free)  
or visit the website <http://www.ncdhhs.gov/dma/NPI/index.htm>

National Provider Identifier (NPI):

1124226980

2. Is the business operated under a management contract? ☐ Yes ☒ No

If "Yes", name and address of the management company.

Name: NA

Street/Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

All responses on this page pertain to the period July 1, 2017 through June 30, 2018. If otherwise, indicate the reporting period used: \_\_\_\_\_

**Procedures:** Do you perform Surgical Abortion Procedures?

Number of procedures performed during the reporting period: 1,001

Do you perform Medical Abortion Procedures?

Number of procedures performed during the reporting period: 449

1450

**The number of procedures reported above should equal the numbers reported to the State Center for Health Statistics**

**Transferred:** Number of patients transferred to a hospital from the clinic during the reporting period: 0

**Transportation:** Describe arrangements for transportation of patients in case of a medical emergency:

office calls 911 - pt.'s situation is explained, status given -  
pt. is transported to ED by ambulance. (CDC Main or  
Navant Main/Presby main)

Does the clinic have a formal arrangement with an OB/GYN Board Certified or Board Eligible physician that handles complications arising after hours or when physician is not on-site in the clinic? ☐ Yes ☒ No

Is a registered nurse with experience in post-operative or post-partum care who is currently licensed in NC on duty in the clinic at all times when patients are in the facility? ☒ Yes ☐ No

**Discharge Instructions:**

What instructions are provided to patients who may require emergency assistance after hours?

pt. is given printed & verbal information with 24 hr.  
phone # to call if medical concerns arise. Staff will  
contact Dr. for orders. In medical emergencies, pts are advised  
to go to ED or call 911 and to give our contact info  
Sanitation: to that area's E.D. We call in advance if pt. lets us know

What arrangements have been made for the disposal of pathological waste, products of conception, and sharps?  
(If service is contracted, give name and address of enterprise).

Stericycle, Inc. 4010 Commercial Ave. Northbrook, IL  
60062

**Services:**

What clinical services do you provide?

\* elective abortion, \* prenatal documentation required  
by Mecklenburg County Health Dept & surrounding counties  
\* limited ultrasound \* pregnancy tests - urine or serum

**Hours:**

Indicate the hours that the clinic is regularly open for business each day:

[ Example: 9 am - 5 pm . Use "O" if not open ]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9 am - 5 <sup>30</sup> pm	9 am - 5 <sup>30</sup> pm	9 am - 5 <sup>30</sup> pm	9 <sup>00</sup> am - 5 <sup>30</sup> pm	9 am - 5 <sup>30</sup> pm	8 am - 4 pm

Indicate hours that abortions are performed:

[ Example: 11 am - 3 pm . Use "O" if not open ]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
office only	11:30 am - 3 <sup>30</sup> pm	office only	office only	11:30 am - 3 <sup>30</sup> pm	9 <sup>00</sup> am - 1:30 pm

**Nursing:**

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	1.525	0	1.425

One Week Staffing Pattern Worksheet

Dates From 11-26-18 To 12-7-18

List FTEs for all direct care nursing staff actually on duty for the dates entered above.

Average cases per day: 10

	closed			office			office			office			office								
	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Shift	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A	R	L	A
Day	0	0	0	0	0	2	.5	0	1.4	0	0	1.4	0	0	1.4	.5	0	1.4	.5	0	1.4
Evening	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# of patients seen	0			0			10			0			0			10			10		

\* R = RN  
 L = LPN  
 A = Aides

I based FTE's as follows:

$$R = RN \ 7 \text{ hrs} \times 3 \text{ days} = 21 \div 40 = 0.525$$

$$L = LPN = 0$$

$$A = Aides \ 57 \text{ hrs} \div 40 = 1.425$$

This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2019 certificate for your clinic to perform abortions.

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the above named facility in accordance with the NC Criminal Statutes 14-45.1 and rules governing the certification of clinics, 10A NCAC 14E adopted by the Medical Care Commission, and certifies the accuracy of this information.

Signature: Deborah J. Walsh Date: 12-1-18

**PRINT NAME & TITLE OF APPROVING OFFICIAL:**

Deborah J. Walsh, Executive Director

**Please be advised,** the certificate fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a certificate to perform abortions.